

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014206

FILED APR 21 1959 Registration District No. 236 Primary Registration District No. 5819 STATE FILE NUMBER Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL - Osage</u>		c. CITY OR TOWN <u>ELDON</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rocky-Mount</u>		d. STREET ADDRESS (If outside, give location) <u>Rocky-Mount</u>	
Length of stay in 1b <u>87 yrs</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>LEONA</u> Middle <u>Simmons</u> Last <u>Simmons</u>		4. DATE OF DEATH Month <u>April</u> Day <u>15</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>28 Sept-1891</u>
9. AGE (In years) <u>67</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>7</u> Hours <u>16</u> Min. <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-work</u>	
11. BIRTHPLACE (City and state or country) <u>Rocky-Mount-Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James-C-Simmons</u>		13b. MOTHER'S MAIDEN NAME <u>ELINORE-BANISTER</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Nellie-Simmons-Rocky-Mount-Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Senility</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>794X</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>NONE</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <u>NONE</u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		20f. CITY, TOWN, OR LOCATION <u>NONE</u>	
21. I attended the deceased from <u>April 1</u> to <u>April 15</u> and last saw her alive on <u>April 13</u> 1959 Death occurred at <u>11:56 P</u> m of the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>E. O. Shelton M.D.</u> (Degree or title)	
22b. ADDRESS <u>ELDON Mo</u>		22c. DATE SIGNED <u>16 April-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>17 April-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dodghey</u>	23d. LOCATION (City, town, or county) (State) <u>Miller Co - Mo</u>
24. FUNERAL DIRECTOR <u>Keith M. Fays</u>	25. DATE RECD. BY LOCAL REG. <u>4-18-59</u>	26. REGISTRAR'S SIGNATURE <u>E. O. Shelton</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL DEATHS IN U. S. MUST BE CAUSALLY RELATED.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed

*Keith M. Kays*

Licensed Embalmer No. *3998*

P. O. Address *Elton Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.